# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
## (FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE |
|---|---|
| 10/540206 | |
| APPLICANT(S) | |

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL CLAIMS | | | 55 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

PTO - 1360 (REV. 11/04)